

# DAY CAMP 2017 - 2018

COMMUNITY CENTERS CAMPS	ADDRESS AND PHONE NUMBER	Age	Days	Hours	Weekly Tuition for Camp	Additional Sibling(s) Rate	Day Rate (Based on Availability)
Arnold Rue Community Center	5758 Lorraine Avenue 95210 (209) 937-7350	5-12	M-F	7:30a - 5:30p	<b>\$80.00</b>	\$60.00	\$25
Stribley Community Center	1760 E. Sonora Street 95210 (209) 937-7351	5-12	M-F	7:30a - 5:30p	<b>\$80.00</b>	\$60.00	\$25
<b>EXCLUSIONS:</b> No camp on 11/23/17 and 11/24/17, this 3 day camp week has a reduced weekly rate of \$60, additional siblings \$50, and day rate of \$25 No camp on 12/25/17, weekly camp rates apply No camp on 1/1/18, weekly camp rates apply							



Day Camp Smiles

CAMP WEEKS	SCHOOL BREAKS	CAMP WEEKS	SCHOOL BREAKS
Oct 2—6, 2017	LUSD Fall Break	Jan 2—5, 2018	LUSD Winter Break
Oct 9—13, 2017	SUSD/LUSD Fall Break	Mar 12—16, 2018	LUSD Spring Break
Nov 20—24, 2017	Thanksgiving Break	Mar 19—23, 2018	LUSD Spring Break
Dec 18—22, 2017	SUSD Winter Break	Mar 26—30, 2018	SUSD Spring Break
Dec 26—29, 2017	SUSD/LUSD Winter	2018 SUMMER CAMPS WILL BEGIN ON JUNE 4 <sup>th</sup> , 2018	

## MORE CAMP DETAILS

Our camps offer children active play, STEM programs, game time, computer labs, arts & crafts, special guests, and more.

**MEALS:** Please pack a sack lunch for child/children. An afternoon snack will be provided. Participants will be allowed to eat only at designated meal times (Breakfast/Lunch/Snack). Participants are encouraged to bring breakfast to enjoy during the morning drop-off time.

**REGISTRATION:** Complete the Camp Permission Slip/Medical Release and turn in to your preferred camp location. Please note that payment for each week requested is due 2-weeks prior to first day of camp. Camp is based on the number of participants registered and is subject to cancellation. Payment and registration form(s) are required, one for every child in attendance. Registration is a first come-first serve basis. **Registrations will not be refunded or pro-rated. Day Rates are available only if space allows.**

**SEE ADDITIONAL PROGRAMS AT [WWW.STOCKTONCA.GOV](http://WWW.STOCKTONCA.GOV)**



Day Camp Friends

COMMUNITY SERVICES  
RECREATION  
(209) 937-8206  
[www.stocktongov.org](http://www.stocktongov.org)



HEALTHY BODY | OPEN MIND | BALANCED LIFE

City of Stockton | Community Services | Recreation & Library

## CAMP PERMISSION SLIP/MEDICAL RELEASE

What Camp Location Are You Registering For: \_\_\_\_\_

Participant's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: ☐ M ☐ F

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Father/Guardian	_____
Father Home #	_____
Father Cell #	_____
Father Work #	_____
Father Email	_____

Mother/Guardian	_____
Mother Home #	_____
Mother Cell #	_____
Mother Work #	_____
Mother Email	_____

EMERGENCY CONTACT: Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work#: \_\_\_\_\_ Home #: \_\_\_\_\_

INSURANCE CARRIER: \_\_\_\_\_ I.D.#: \_\_\_\_\_

### ASSIGNED DROP-OFF/PICK-UP INDIVIDUALS:

Children must be signed in/out daily by the parents/guardians listed above or assigned individuals below. Individuals listed below must be 18 years of age and possess a valid drivers license and will be required to show their drivers license. LATE FEE: \$15 fee per 15 minutes late, per child, will be charged for late pick-ups. No Exceptions.

**To Register: Complete the Camp Permission Slip/Medical Release and turn in to your preferred camp location.**

Name	Relationship	Home/Cell Phone	Work Phone

Special Conditions (Disabilities, allergies, medical emergency information): \_\_\_\_\_

Campers must be able to monitor and administer their own medication at camp. Is your child taking any medication? ☐ Yes ☐ No

List Medication/Reason/Dosage/Interval: \_\_\_\_\_

**PARENT/GUARDIAN CONSENT OF WAIVER FOR PARTICIPATION:** I fully understand that my participation in this event/program exposes me to the risk of personal injury or property damage. I hereby acknowledge that I am voluntarily participating in this event/program and agree to assume and such risk. I hereby release, discharge and agree not to sue the City of Stockton, its officers, employees, agents, and contractors for any injury or damage to or loss of personal property arising out of, or in connection with, my participation in the event/program from whatever cause, including the active or passive negligence of the promoter/organizer or City of any other participant in the event/program. In consideration for being permitted to participate in the event/program, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City from any and all claims, demands, actions, or suits arising out of or in connection with my participation. This form will act as a medical release in the case of an emergency. I also understand that by participating in this event/program that I am giving consent for images of myself and/or my child to be used for promotional purposes or instruction by the City of Stockton. I have carefully read this release, hold harmless and agree not to sue and fully understand its contents. I am aware that this form is a full release of all liabilities and signed by my own free will.



PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR OFFICE USE ONLY: DATE RECEIVED: \_\_\_\_\_ FEE ENCLOSED: \_\_\_\_\_